

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G422	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/25/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 5843 N SHERMAN AVE INDIANAPOLIS, IN 46220
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W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: July 22, 23, and 25, 2014.</p> <p>Facility Number: 000936 Provider Number: 15G422 AIMS Number: 100244610</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/30/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to assure 2 of 3 sampled clients (clients #1 and #3) wore clean shorts and shoes that fit.</p> <p>Findings include:</p>	W000137	<p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Specifically for</i></p>	08/24/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Client #1 was observed during the 7/22/14 day program observation from 2:04 P.M. until 2:55 P.M. and during the 7/22/14 group home observation period from 3:15 P.M. until 5:15 P.M. During both observation periods, client #1 wore soiled and stained shorts. Day program staff at the day program and direct care staff #1 and #2 did not prompt or assist client #1 in changing his shorts.</p> <p>Client #3 was observed during the group home observation period on 7/23/14 from 5:30 A.M. until 7:45 A.M. Client #3 was wearing shoes which were two inches larger than his feet. Direct care staff #1, #3, and #4 did not prompt or assist client #3 in changing into shoes which fit.</p> <p>Direct care staff #3 was interviewed on 7/23/14 at 6:22 A.M. Direct care staff #3 stated, "I don't know who got him (client #3) shoes that are too big but he (client #3) wears them all of the time."</p> <p>Clinical Supervisor #1 was interviewed on 7/23/14 at 10:40 A.M. Clinical Supervisor #1 stated, "Staff (direct care staff) are supposed to assist or prompt clients to wear clean, well fitting clothes and shoes."</p> <p>9-3-2(a)</p>		<p>Client #1 and Client #3, all staff will be retrained regarding the need to assure individuals wear clean and appropriately fitting clothing.</p> <p>PREVENTION: Supervisory staff will oversee an inventory of all clients' clothing and footwear to assure it fits properly and is in presentable condition. The team will assist clients with replacing items as appropriate. The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week to assure clients are dressed appropriately for the weather and occasion. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis.</p> <p>RESPONSIBLE PARTIES: Residential Manager, Team Leader, direct support staff, QIDP, Operations Team</p>				

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview, the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to assure:</p> <p>1. Training programs and objectives were implemented during times of opportunity for 2 of 3 sampled clients (clients #1 and #2), 2. Data was collected for 1 of 3 sampled client's training programs (client #3) to determine completion, regression or progress, 3. A Comprehensive Functional Assessment was completed for 1 of 3 sampled clients (client #2), and, 4. psychotropic medication was incorporated into the Individual Support Plan for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>1. Client #1 was observed during the 7/22/14 group home observation period from 3:15 P.M. until 5:15 P.M. During the observation period, client #1 sat on</p>	W000159	<p>CORRECTION:</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically:</p> <p>The QIDP has retrained facility direct support staff on clients' current learning objectives and their implementation schedules.</p> <p>The QIDP will retrain facility direct support staff regarding the need to document program data as directed.</p> <p>The QIDP will update Client #2's Comprehensive Functional Assessment</p> <p>PREVENTION:</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment</p>	08/24/2014

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	<p>the couch without meaningful activity or interactions from direct care staff #1 and #2. Direct care staff #1 and #2 did not prompt or assist client #1 to participate in leisure activity, or repeat a four word sentence.</p> <p>Client #2 was observed during the 7/22/14 group home observation period from 3:15 P.M. until 5:15 P.M. During the observation period, direct care staff #2 prepared the entire meal of fish cakes, lima beans, lettuce salad, and dinner rolls. Client #2 sat in the living room and did not assist in preparing a dinner dish.</p> <p>Client #1's record was reviewed on 7/23/14 at 9:05 A.M. Review of client #1's 8/28/13 Individual Support Plan indicated the client had the following active treatment objectives which could have been implemented during the 7/22/14 observation period: "1. Participate in an activity. 2. Repeat a four word sentence."</p> <p>Client #2's record was reviewed on 7/23/14 at 9:41 A.M. Review of client #2's 10/8/13 Individual Support Plan indicated the client had the following active treatment objective which could have been implemented during the 7/22/14 observation period: "1. Prepare a dinner dish."</p>		<p>sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff train toward learning objectives per the implementation schedule and provide choices of activities in which to participate at frequent intervals. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed.</p> <p>The Governing Body has added an additional layer of supervision at the facility to assist the QIDP with focusing on support plan development and monitoring.</p> <p>The QIDP will be retrained regarding the need to track and monitor progress on all client learning objectives. Along with the QIDP, members of the Operations Team will conduct active treatment observations and reviews of support documents, to assure data is collected as required at the facility on a weekly basis.</p> <p>The QIDP will be retrained on the necessity of updating all assessment materials as needed but no less than annually. Members of the Operations Team</p>	

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	<p>Clinical Supervisor #1 was interviewed on 7/23/14 at 10:40 A.M. Clinical Supervisor #1 stated, "Staff (direct care staff) should be initiating activity and objectives for the clients."</p> <p>2. Client #3's record was reviewed on 7/23/14 at 10:14 A.M. A review of the client's training programs indicated data had not been collected from July 1, 2014 through July 22, 2014 for the following training programs: 1. Clean eyeglasses, 2. Wear eyeglasses at mealtimes, 3. Budget money, and, 4. Wash dirty clothes on Wednesdays and Saturdays.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/23/14 at 10:40 A.M. When asked if she could determine if client #3 had successfully completed the aforementioned training programs, determine if the client was regressing or losing skills, or if progress was being made on the training programs without data being collected, QIDP #1 stated, "No."</p> <p>3. Client #2's record was reviewed on 7/23/14 at 9:41 A.M. The review indicated the client's most current</p>		<p>will review assessments no less than monthly to assure re-assessment occurs as needed and required.</p> <p>RESPONSIBLE PARTIES: QIDP, Operations Team</p>	

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	<p>Comprehensive Functional Assessment, dated 10/2/13, was only partially completed. The review indicated the following areas of the assessment were blank: "Leisure time, Responsibility, Socialization, Social behavior, Conformity, Trustworthiness, Stereotyped and hyperactive behavior, Sexual behavior, Self-abusive behavior, Social engagement, and Disturbing interpersonal behavior."</p> <p>Clinical Supervisor #1 was interviewed on 7/23/14 at 10:40 A.M. Clinical Supervisor #1 stated, "This (client #2's comprehensive functional assessment) should have been completed. This is an oversight."</p> <p>4. Client #1's records were reviewed on 7/23/14 at 6:10 A.M. The review of the client's 7/14 Medication Administration Record indicated the client was receiving Lexapro for symptoms of depression.</p> <p>Client #1's records were further reviewed on 7/23/14 at 9:05 A.M. Review of the client's 8/28/13 Individual Program Plan and the 8/28/13 Behavior Support Plan failed to incorporate the use of the Lexapro and failed to identify how the medication's use would change with possible reduction in symptoms of</p>			

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W000249	<p>depression.</p> <p>Clinical Supervisor #1 was interviewed on 7/23/14 at 10:40 A.M. Clinical Supervisor #1 stated, "This (Lexapro) should have been added to his (client #1's) behavior plan."</p> <p>Clinical Supervisor #1 was further interviewed on 7/23/14 at 10:58 A.M. When asked who was responsible for assuring training programs and objectives were implemented during times of opportunity, and assuring data was collected for training programs to determine completion, regression or progress, and for assuring Comprehensive Functional Assessments are thoroughly completed, and assuring psychotropic medication was incorporated into Individual Support Plans, Clinical Supervisor #1 stated, "Its the Q's (Qualified Intellectual Disabilities Professional's) responsibility."</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the</p>						

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	<p>achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement active treatment programs during times of opportunity for 2 of 3 sampled clients (clients #1 and #2).</p> <p>Findings include:</p> <p>Client #1 was observed during the 7/22/14 group home observation period from 3:15 P.M. until 5:15 P.M. During the observation period, client #1 sat on the couch without meaningful activity or interactions from direct care staff #1 and #2. Direct care staff #1 and #2 did not prompt or assist client #1 to participate in leisure activity, or repeat a four word sentence.</p> <p>Client #2 was observed during the 7/22/14 group home observation period from 3:15 P.M. until 5:15 P.M. During the observation period, direct care staff #2 prepared the entire meal of fish cakes, lima beans, lettuce salad, and dinner rolls. Client #2 sat in the living room and did not assist in preparing a dinner dish.</p> <p>Client #1's record was reviewed on 7/23/14 at 9:05 A.M. Review of client #1's 8/28/13 Individual Support Plan indicated the client had the following</p>	W000249	<p>CORRECTION:</p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</i></p> <p>Specifically for Client #1 and Client #2, staff have been retrained on current learning objectives and their implementation schedules.</p> <p>PREVENTION:</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff train toward learning objectives per the implementation schedule and provide choices of activities in which to participate at frequent intervals. Additionally, members of the Operations Team and/or</p>	08/24/2014

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W000252	<p>active treatment objectives which could have been implemented during the 7/22/14 observation period: "1. Participate in an activity. 2. Repeat a four word sentence."</p> <p>Client #2's record was reviewed on 7/23/14 at 9:41 A.M. Review of client #2's 10/8/13 Individual Support Plan indicated the client had the following active treatment objective which could have been implemented during the 7/22/14 observation period: "1. Prepare a dinner dish."</p> <p>Clinical Supervisor #1 was interviewed on 7/23/14 at 10:40 A.M. Clinical Supervisor #1 stated, "Staff (direct care staff) should be initiating activity and objectives for the clients."</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview, the facility failed to assure data for 1 of 3 sampled clients (client #3) training programs was collected.</p>	W000252	<p>the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed.</p> <p>RESPONSIBLE PARTIES: Residential Manager, Team Leader, direct support staff, QIDP, Operations Team</p> <p>CORRECTION: <i>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in</i></p>	08/24/2014			

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W000259	<p>Findings include:</p> <p>Client #3's record was reviewed on 7/23/14 at 10:14 A.M. A review of the client's training programs indicated data had not been collected from July 1, 2014 through July 22, 2014 for the following training programs: 1. Clean eyeglasses, 2. Wear eyeglasses at mealtimes, 3. Budget money, and, 4. Wash dirty clothes on Wednesdays and Saturdays.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/23/14 at 10:40 A.M. When asked why no data had been collected for the aforementioned training programs from July 1, 2014 through July 22, 2014, QIDP #1 stated, "I have no idea. Staff (direct care staff) should have been collecting data."</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview,</p>	W000259	<p><i>measurable terms.</i> Specifically for Client #3, facility direct support staff will be retrained regarding the need to document program data as directed. An audit of facility documentation indicated that this deficient practice also affected Client #4 and Client #6. Staff will also be retrained toward proper data collection for these clients as well.</p> <p>PREVENTION: The QIDP will be retrained regarding the need to track and monitor progress on all client learning objectives. The Governing Body has added an additional layer of supervision at the facility to assist the QIDP with focusing on support plan development and monitoring. Along with the QIDP, members of the Operations Team will conduct active treatment observations and reviews of support documents, to assure data is collected as required at the facility on a weekly basis.</p> <p>RESPONSIBLE PARTIES: Residential Manager, Team Leader, direct support staff, QIDP, Operations Team</p> <p>CORRECTION:</p>	08/24/2014

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	<p>the facility failed to ensure the Comprehensive Functional Assessment for 1 of 3 sampled clients (client #2) was thoroughly reviewed and completed at least annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7/23/14 at 9:41 A.M. The review indicated the client's most current Comprehensive Functional Assessment, dated 10/2/13, was only partially completed. The review indicated the following areas of the assessment were blank: "Leisure time, Responsibility, Socialization, Social behavior, Conformity, Trustworthiness, Stereotyped and hyperactive behavior, Sexual behavior, Self-abusive behavior, Social engagement, and Disturbing interpersonal behavior."</p> <p>Clinical Supervisor #1 was interviewed on 7/23/14 at 10:40 A.M. Clinical Supervisor #1 stated, "This (client #2's comprehensive functional assessment) should have been completed. This is an oversight."</p> <p>9-3-4(a)</p>		<p><i>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Specifically, Client #2's Comprehensive Functional Assessment will be updated. An audit of facility records indicated this deficient practice did not affect any additional clients.</i></p> <p>PREVENTION: The QIDP will be retrained on the necessity of updating all assessment materials as needed but no less than annually. The Governing Body has added an additional layer of supervision at the facility to assist the QIDP with focusing on support plan development and monitoring. Members of the Operations Team will review assessments no less than monthly to assure re-assessment occurs as needed and required.</p> <p>RESPONSIBLE PARTIES: Residential Manager, Team Leader, direct support staff, QIDP, Operations Team</p>	

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to assure psychotropic drug usage was addressed in the Individual Program Plan of 1 of 3 sampled clients (client #1) with a Behavior Support Plan.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 7/23/14 at 6:10 A.M. The review of the client's 7/14 Medication Administration Record indicated the client was receiving Lexapro for symptoms of depression.</p> <p>Client #1's records were further reviewed on 7/23/14 at 9:05 A.M. Review of the client's 8/28/13 Individual Program Plan and the 8/28/13 Behavior Support Plan failed to incorporate the use of the Lexapro and failed to identify how the medication's use would change with possible reduction in symptoms of depression.</p> <p>Clinical Supervisor #1 was interviewed</p>	W000312	<p>CORRECTION: <i>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Specifically for Client #1 the use of Lexapro will be incorporated into the Behavior Support Plan with an accompanying plan of reduction. A review of facility behavior support plans and medication administration records indicated this deficient practice did not affect any additional clients.</i></p> <p>PREVENTION: The QIDP will be retrained regarding the need to incorporate the use of all behavior controlling medications into Behavior Support Plans as well as the need to develop plans to reduce and eventually eliminate the use of such medications. The Governing Body has added an additional layer of supervision at the facility to assist the QIDP with</p>	08/24/2014

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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 5843 N SHERMAN AVE INDIANAPOLIS, IN 46220		
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W000455	<p>on 7/23/14 at 10:40 A.M. Clinical Supervisor #1 stated, "This (Lexapro) should have been added to his (client #1's) behavior plan."</p> <p>9-3-5(a)</p> <p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to assure 2 of 3 sampled clients (clients #2 and #3) washed their hands prior to setting the table.</p> <p>Findings include:</p> <p>Clients #2 and #3 were observed during the group home observation period on 7/22/14 from 3:15 P.M. until 5:15 P.M. At 3:55 P.M., client #2 exited the bathroom and client #3 had finished exercises when direct care staff #2 prompted them to set the table. Direct care staff #2 did not prompt or assist clients #2 and #3 to wash their hands prior to setting the table.</p> <p>Clinical Supervisor #1 was interviewed</p>	W000455	<p>focusing on support plan development and monitoring. Members of the Operations Team will review facility support documents no less than monthly to assure the use of all behavior controlling medications into Behavior Support Plans, with accompanying plans for reduction.</p> <p>RESPONSIBLE PARTIES: QIDP, Operations Team</p> <p>CORRECTION: <i>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Specifically for Client #2 and Client #3, staff will be retrained regarding the need to assure that clients wash their hands prior to setting the dining table and at other appropriate intervals.</i></p> <p>PREVENTION: The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. During Active Treatment observations,</p>	08/24/2014	

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W000488	<p>on 7/23/14 at 10:40 A.M. Clinical Supervisor #1 stated, "Staff (direct care staff #2) should have assured (client #2) washed his hands after exiting the bathroom and before setting the table and she (direct care staff #2) should have made sure [client #3] washed his hands also."</p> <p>9-3-7(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review, and interview, the facility failed to assure 2 of 3 sampled clients (clients #1 and #3) participated in family style dining to the full extent of their assessed skills.</p> <p>Findings include:</p> <p>Clients #1 and #3 were observed at the group home during the 7/22/14 observation period from 3:15 P.M. until 5:15 P.M. During the observation, direct care staff #2 prepared a lettuce salad, lima beans, fish cakes, and dinner rolls and placed the same on the dining room</p>	W000488	<p>supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff train toward infection control facilitated by frequent hand washing. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed.</p> <p>RESPONSIBLE PARTIES: Residential Manager, Team Leader, direct support staff, QIDP, Operations Team</p> <p>CORRECTION: <i>The facility must assure that each client eats in a manner consistent with his or her developmental level. Specifically for Client #1 and Client #3, staff will be retrained regarding the need to involve clients in every step of the meal preparation process.</i></p> <p>PREVENTION: The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment</p>	08/24/2014

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	<p>table along with milk, salad dressings, and condiments. After dinner, direct care staff #2 retrieved ice cream cups from the freezer and gave one to each client as the clients sat at the table. Clients #1 and #3 were not prompted or assisted by direct care staff #2 in preparing their evening meal.</p> <p>Clients #1 and #3 were observed at the group home during the 7/23/14 observation period from 5:31 A.M. until 7:45 A.M. During the observation, direct care staff #4 placed cereal containers on the table along with milk and orange juice. Direct care staff #4 prepared a oatmeal and toast and placed the food along with condiments on the dining room table. Clients #1 and #3 were not prompted or assisted by direct care staff #4 in preparing their morning meal.</p> <p>Client #1's records were reviewed on 7/23/14 at 9:05 A.M. A review of the client's 8/28/13 Individual Support Plan indicated "Skills Training" which indicated the following: "Aside from formal goal training areas identified by the Inter-Disciplinary Team informal training should be implemented whenever possible. Setting dials on stove, Defrosting, Measuring ingredients."</p>		<p>sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff include clients in all steps of the meal preparation and family style dining process. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed.</p> <p>RESPONSIBLE PARTIES: Residential Manager, Team Leader, direct support staff, QIDP, Operations Team</p>	

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	<p>Client #3's records were reviewed on 7/23/14 at 10:14 A.M. A review of the client's 3/20/14 Comprehensive Functional Assessment indicated client #3 was developmentally capable, with staff assistance, of preparing simple foods. Further review of the client's 3/22/14 Individual Support Plan indicated "Skills Training" which indicated the following: "Aside from formal goal training areas identified by the Inter-Disciplinary Team informal training should be implemented whenever possible. Setting dials on stove, Defrosting, Measuring ingredients."</p> <p>Clinical Supervisor #1 was interviewed on 7/23/14 at 10:40 A.M.. Clinical Supervisor #1 indicated clients #1 and #3 were developmentally capable of participating in the preparation of their meals with verbal prompts or hand over hand assistance from direct care staff.</p> <p>9-3-8(a)</p>			